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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

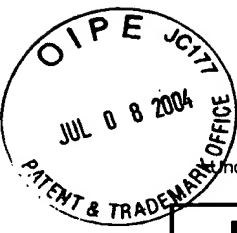
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                      |                        |                 |
|---|----------------------|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/858,477             |                 |
|   | Filing Date          | May 17, 2001           |                 |
|   | First Named Inventor | Akira Sekine           |                 |
|   | Art Unit             | 1743                   |                 |
|   | Examiner Name        | Y. G. Gakh             |                 |
| Total Number of Pages in This Submission  | 1                    | Attorney Docket Number | H6810.0021/P021 |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Form PTO/SB/08A; European Search Report; 1 U.S. Patent; 4 foreign references w/Abstracts; 1 Article w/partial translation; Form PTO-2038. |
| <div>Remarks</div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Mark J. Thronson      Registration No.: 33,082<br>Gabriela I. Coman      Registration No.: 50,515 |
| Signature                                  |   |
| Date                                       | July 7, 2004  |



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|   |  |  |  |                          |                 |
|---|--|--|--|--------------------------|-----------------|
| <h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><small>Effective 10/01/2003. Patent fees are subject to annual revision.</small></p> |  |  |  | <b>Complete if Known</b> |                 |
|   |  |  |  | Application Number       | 09/858,477      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |  |  | Filing Date              | May 17, 2001    |
|   |  |  |  | First Named Inventor     | Akira Sekine    |
| TOTAL AMOUNT OF PAYMENT (\$)  |  |  |  | Examiner Name            | Y. G. Gakh      |
|   |  |  |  | Art Unit                 | 1743            |
| 180.00  |  |  |  | Attorney Docket No.      | H6810.0021/P021 |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |                                      |  | <b>FEE CALCULATION (continued)</b>                         |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
|--|---|--------------------------------------|--|--|----------|--------------|----------------|-----------------|--------------|----------|----------|----------|----------|--------------------|-----|------|-----|------------------------|--------------------|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|----|--|--|---------------------|--|--|--|--|--------|--|--|--|--|
| <input type="checkbox"/> Check   | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other <input type="checkbox"/> None | <b>3. ADDITIONAL FEES</b>                                  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Deposit Account Number: 04-1073  |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| The Director is authorized to: (check all that apply)  |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <input checked="" type="checkbox"/> Credit any overpayments  |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <b>FEE CALCULATION</b>   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <table border="1" style="width:100%"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align:right"><b>SUBTOTAL (1)</b></td><td>(0.00)</td></tr></tbody></table>   |   |                                      |  | Large Entity   |          | Small Entity |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001               | 770 | 2001 | 385 | Utility filing fee     |                    | 1002 | 340 | 2002 | 170 | Design filing fee                 |  | 1003 | 530 | 2003 | 265 | Plant filing fee                      |  | 1004 | 770 | 2004 | 385 | Reissue filing fee                                 |  | 1005 | 160 | 2005 | 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (0.00) |  |  |  |  |
| Large Entity   |   | Small Entity                         |  | Fee Description  | Fee Paid |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code                             | Fee (\$)   |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1001   | 770   | 2001                                 | 385  | Utility filing fee   |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1002   | 340   | 2002                                 | 170  | Design filing fee  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1003   | 530   | 2003                                 | 265  | Plant filing fee   |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1004   | 770   | 2004                                 | 385  | Reissue filing fee   |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1005   | 160   | 2005                                 | 80   | Provisional filing fee                                     |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |   |                                      |  |  | (0.00)   |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <table border="1" style="width:100%"><thead><tr><th colspan="2"></th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td></td><td>** =</td><td></td><td></td></tr><tr><td>Independent Claims</td><td></td><td>** =</td><td></td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table>   |   |                                      |  |  |          | Extra Claims | Fee from below | Fee Paid        | Total Claims |          | ** =     |          |          | Independent Claims |     | ** = |     |                        | Multiple Dependent |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
|  |   | Extra Claims                         | Fee from below   | Fee Paid   |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Total Claims   |   | ** =                                 |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Independent Claims   |   | ** =                                 |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Multiple Dependent   |   |                                      |  |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <table border="1" style="width:100%"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align:right"><b>SUBTOTAL (2)</b></td><td>(0.00)</td></tr></tbody></table> |   |                                      |  | Large Entity   |          | Small Entity |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202               | 18  | 2202 | 9   | Claims in excess of 20 |                    | 1201 | 86  | 2201 | 43  | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86  | 2204 | 43  | ** Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (0.00) |  |  |  |  |
| Large Entity   |   | Small Entity                         |  | Fee Description  | Fee Paid |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code                             | Fee (\$)   |  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1202   | 18  | 2202                                 | 9  | Claims in excess of 20                                     |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1201   | 86  | 2201                                 | 43   | Independent claims in excess of 3                          |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1203   | 290   | 2203                                 | 145  | Multiple dependent claim, if not paid                      |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1204   | 86  | 2204                                 | 43   | ** Reissue independent claims over original patent         |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| 1205   | 18  | 2205                                 | 9  | ** Reissue claims in excess of 20 and over original patent |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |   |                                      |  |  | (0.00)   |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
|  |   |                                      |  | Other fee (specify)  |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |
|  |   |                                      |  | <b>SUBTOTAL (3)</b> (\$ 180.00)                            |          |              |                |                 |              |          |          |          |          |                    |     |      |     |                        |                    |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |        |  |  |  |  |

|                     |                                       |                                   |                  |                                   |                |
|---------------------|---------------------------------------|-----------------------------------|------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                                       |                                   |                  | <b>(Complete (if applicable))</b> |                |
| Name (Print/Type)   | Mark J. Thronson<br>Gabriela I. Coman | Registration No. (Attorney/Agent) | 33,082<br>50,515 | Telephone                         | (202) 775-4742 |
| Signature           |                                       |                                   |                  | Date                              | July 7, 2004   |



Docket No.: H6810.0021/P021  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Akira Sekine et al.

Application No.: 09/858,477

Filed: May 17, 2001

Art Unit: 1743

For: METHOD AND SYSTEM FOR  
COMPREHENSIVE MANAGEMENT OF  
CHEMICAL MATERIALS

Examiner: Y. G. Gakh

INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 C.F.R. § 1.97(c)).

A concise explanation of relevance of the items listed on form PTO/SB/08 is in the form of an English language copy of a Search Report from a foreign patent office, issued in a counterpart application. A copy of each reference on the PTO/SB/08 is

attached. A summary/abstract translation of Japanese Patent Application Nos. 2000-137747 and 2000-29900 is enclosed.

In accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made. In accordance with 37 C.F.R. § 1.97(h), the filing of this Information Disclosure statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

Please charge our Credit Card in the amount of \$180.00 covering the fee set forth in 37 C.F.R. § 1.17(p). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1073, under Order No. H6810.0021/P021. A duplicate copy of this paper is enclosed.

Dated: July 7, 2004

Respectfully submitted,

By 

Mark J. Thronson

Registration No.: 33,082

Gabriela I. Coman

Registration No.: 50,515

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|   |   |    |   | Application Number       | 09/858,477      |
|   |   |    |   | Filing Date              | May 17, 2001    |
|   |   |    |   | First Named Inventor     | Akira Sekine    |
|   |   |    |   | Art Unit                 | 1743            |
|   |   |    |   | Examiner Name            | Y. G. Gakh      |
| Sheet   | 1 | of | 1 | Attorney Docket Number   | H6810.0021/P021 |

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